**FAX**

LSI Logic Corporation
1621 Barber Lane
MS: AD-106, Legal
Milpitas, CA 95035

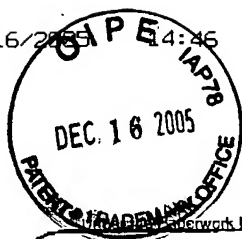
Date December 16, 2005Number of pages including cover sheet: 5To: USPTO/Office of PublicationsPhone (571) 272-4200Fax Phone (571) 273-2885

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From: Mark SalvatoreIntellectual Property
ParalegalPhone (408) 433-7472Fax Phone (408) 433-7460**REMARKS:**☐ Urgent☐ For your review☒ Reply ASAP☐ Please comment

Attention: Issue Fee Department

Re: 10/716,259



PTO/SB/21 (09-04)

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

4

Application Number 10716,259

Filing Date November 18, 2003

First Named Inventor Ramesh, Subramanian

Art Unit 2827

Examiner Name Le, Thong Quoc

Attorney Docket Number 03-1509

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Power of Attorney and Correspondence Address Indication Form, PTO/SB/81 2. Statement Under 37 CFR 3.73(b), PTO/SB/96
Remarks - Issue Fee Payment		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	LSI Logic Corporation		
Signature			
Printed name	Timothy R. Croll		
Date	13 Dec 05	Reg. No.	38,771

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